

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/15/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295043	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/02/2007
NAME OF PROVIDER OR SUPPLIER MANOR CARE HEALTH SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 3101 PLUMAS RENO, NV 89509		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This Statement of Deficiencies was generated as the result of a complaint investigation conducted at your facility on 8/2/07. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil actions or other claims for relief that may be available to any party under applicable federal, state or local laws. Complaint #NV00015453 alleged that the facility failed to provide care and services as required. The complaint was substantiated. See F 280.	F 000	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or will take actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.		
F 280 SS=D	483.20(d)(3), 483.10(k)(2) COMPREHENSIVE CARE PLANS The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by:	F 280			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Deborah Panzale

Administrator

8/27/07

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 280	<p>Continued From page 1</p> <p>Based on interview and record review, it was determined that the facility failed to invite one alert and oriented resident to participate in planning his care and services in order to ensure that the resident was repositioned as needed. (Resident #1)</p> <p>Findings include:</p> <p>Resident # 1: The resident was admitted to the facility on 6/25/07 with diagnoses including decubitus ulcers, paraplegia, depressive disorder, urinary tract infection, neurogenic bladder, and candidiasis.</p> <p>A review of the medical record revealed that care planning conferences were held on 6/25/07 and 8/1/07. There was no documentation that the resident had attended those conferences. An interview with the director of nurses (DON) and the ADON on 8/2/07 at 11:00 AM, revealed that the ADON was told by the social worker that invitations to the care conferences had been sent. According to the DON, the facility policy was to invite alert and oriented residents to their care conferences.</p> <p>An interview with the resident on 8/2/07 at 11:15 AM, revealed that he had complained about not being turned every two hours as ordered. The resident indicated that over the last week that his turning had improved, but that he had to complain to the assistant director of nursing (ADON) on two occasions before the issue was resolved last week. The resident was asked if he had been invited to the two care planning conferences to discuss his care needs. The resident responded that he had not been invited.</p>	F 280	<p>The facility does and will continue to invite residents to participate in planning his/her care.</p> <ul style="list-style-type: none"> A care conference was held with Resident #1 on 8/21/07 and resident stated he has had no further issue and has received assistance as required. Residents scheduled for care conference have the potential to be affected. Nurse managers and Social Services will meet and complete an invitation to the residents on their unit inviting them to their care conference utilizing the attached forms. The Director of Nursing will ensure compliance by reviewing care conference summary sheets. See attachment B. The DON will monitor and report findings to the QAA committee quarterly. 	<p>8/21/07</p> <p>9/1/07</p> <p>9/1/07</p> <p>9/15/07</p>

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F 280	Continued From page 2 A review of the care plan developed on 6/25/07 revealed that an approach to reduce the risk for pressure ulcers was to post an individual every two hour turn schedule and weekly skin checks. There was no turn schedule posted in the resident's room, and there was no turn schedule in the medical record. The DON revealed that turning schedules were not used in the facility, nor did the nursing assistants record when a resident was turned.	F 280			

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